

State Elected Official Financial Disclosure Form

Name of Official:

STEVEN HARSHMAN

Office Held:

State Representative

Senate District (if applicable): _____

House District (if applicable): 37

Business Address: _____

Business City, State and Zip: _____

Business Phone: (____) _____

Home Address:

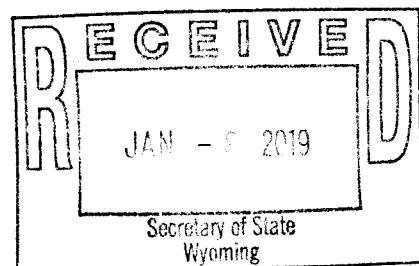
4286 S. Moonbeam

Home City, State and Zip:

Casper WY 82604

Home Phone:

(307) 262-8075



I. Offices, Directorships and Employment

(Please use additional sheets as necessary.)

a) List the *offices* held in business enterprises. This includes partnerships.

Office Held

N/A

Name and Address of Enterprise

b) List any *directorship positions* held in business enterprises.

Name of Enterprise

N/A

Address of Enterprise

c) Salaried Employment

Job Title

Teacher

Name and Address of Enterprise

Nation Com
School Dist #1
970 N. Glenn Rd.
Casper WY 82601

II. Sources of Income

(Please use additional sheets as necessary.)

a) Employment

Name of Employer

Portola City
School Dist

Address of Employer

970 N. Glen Rd
Casper WY 82601

b) Business Interests - list the names and addresses of all business entities in which you have a business interest (W.S. 9-13-108 (c) states: "Name and address of all business entities but excluding interests if less than ten percent (10%) of the entity is owned, or sole proprietorship from which income is earned. . .")

Name of Business Entity

Address of Business Entity

c) Investments

Income Earned

A. Any security or interest earnings

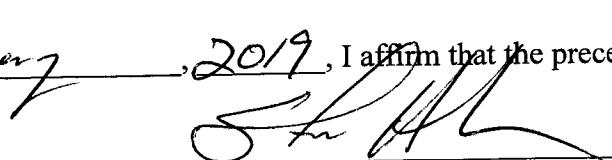
Yes No

B. Real estate, leases, royalties

Yes No

d) Other (describe generally): _____

On this 4 day of January, 2019, I affirm that the preceding information is accurate.



Signature